

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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FILE COPY

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
GARY A. COWAN, M.D.,	:	95 MED 213
RESPONDENT	:	

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The parties to this action for the purposes of Wis. Stats. sec. 227.53 are:

Gary A. Cowan  
600 Medical Arts Building  
Duluth, MN 55802

Medical Examining Board  
P.O. Box 8935  
Madison, WI 53708-8935

Department of Regulation and Licensing  
Division of Enforcement  
P.O. Box 8935  
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Gary A. Cowan, M.D. (D.O.B. 05/17/37) is duly licensed to practice medicine and surgery in the state of Wisconsin (license #16537). This license was first granted on October 25, 1968. Dr. Cowan specializes in the practice of psychiatry.

2. Dr. Cowan's most recent address on file with the Wisconsin Medical Examining Board is 600 Medical Arts Building, Duluth, MN 55802.

3. On March 11, 1995, the Minnesota Board of Medical Practice imposed discipline upon the Minnesota license of Dr. Cowan to practice to practice medicine and surgery. A true and correct copy of the 3/11/95 Minnesota Stipulation and Order is attached to this document as Exhibit A. Exhibit A is incorporated by reference into this document.

4. In resolution of this matter, Dr. Cowan consents to the entry of the

following Conclusions of Law and Order.

#### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter, pursuant to §448.02(3), Wis. Stats.
2. The Wisconsin Medical Examining Board is authorized to enter into the attached stipulation, pursuant to §§227.44(5) and 448.02(5), Wis. Stats.
3. The conduct described above constitutes violations of Wis. Stats. §448.02(3) and Wis. Adm. Code §MED 10.02(2)(p) and (q).

#### ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the license of Gary A. Cowan to practice to practice medicine and surgery in the state of Wisconsin (#16537) shall be **LIMITED** as follows:

Dr. Cowan shall as a condition of continued licensure in Wisconsin maintain timely and complete through completion compliance with all terms and conditions imposed against his Minnesota medical license.

Dr. Cowan shall provide the Board with current releases complying with state and federal laws, authorizing complete release of his Minnesota license records.

Dr. Cowan shall arrange for quarterly reports to the Wisconsin Medical Examining Board from the state of Minnesota Board of Medical Practice, reporting his compliance with the terms of the Minnesota order in effect against Dr. Cowan's Minnesota license.

Dr. Cowan may petition for a return to unlimited license status in Wisconsin upon completion of the terms and conditions imposed upon his Minnesota license. The Board in its discretion may require a personal appearance by Dr. Cowan to answer any remaining questions the Board may have concerning his ability to safely and competently practice without restriction. If as the result of an appearance by Dr. Cowan before the Board, the Board deems it necessary to impose further terms and conditions upon Dr. Cowan's Wisconsin registration, it may impose such terms and conditions as it deems appropriate. Denial in whole or in part of a petition under this paragraph shall not constitute denial of a license and shall not give rise to a contested case within the meaning of Wis. Stats. §§227.01(3) and 227.42.

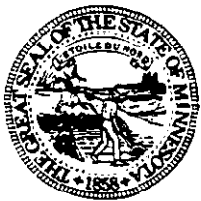
**IT IS FURTHER ORDERED** that pursuant to §448.02(4), if the Medical Examining Board determines that there is probable cause to believe that Gary A. Cowan, M.D. has violated any of the terms of this Order, the Board may order that the license of Dr. Cowan be summarily suspended pending investigation of the

alleged violation.

This Order shall become effective upon the date of its signing.

MEDICAL EXAMINING BOARD

By: W. R. Schwartz M.D.  
W. R. Schwartz M.D.  
Secretary  
Medical Examining Board



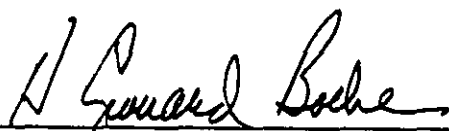
# MINNESOTA BOARD OF MEDICAL PRACTICE

2700 University Avenue West, #106 St. Paul, MN 55114-1080 (612) 642-0538  
MN Relay Service for Hearing Impaired (612) 297-5353 or (800) 627-3529

## CERTIFICATION OF DISCIPLINARY ACTIONS

ORDER DATED March 11, 1995  
IN THE MATTER OF: Gary A. Cowan, M.D.  
CITY AND STATE OF: Duluth, MN

I, H. Leonard Boche, Executive Director of the Minnesota Board of Medical Practice, Do hereby certify that the attached Board Order is a copy of the original official record on file in the office of the Minnesota Board of Medical Practice. As Executive Director, I am the official custodian of such documents and I have personally compared the attached copy with the original and find it to be a true and correct copy thereof.

  
\_\_\_\_\_  
H. Leonard Boche,  
Executive Director  
Minnesota Board of Medical Practice

(S E A L)

BEFORE THE MINNESOTA  
BOARD OF MEDICAL PRACTICE

In the Matter of the  
Medical License of  
Gary A. Cowan, M.D.  
Date of Birth: 5-17-37  
License Number: 16,236

STIPULATION  
AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Gary A. Cowan, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

a. From 1984 to the present, Respondent has treated patient #1, a female, for social anxiety and nervousness. Respondent prescribed medications for patient #1 on 182 occasions between December 13, 1984 and December 6, 1990. Between December 7, 1990 and January 5, 1995, Respondent charted 105 additional prescriptions. The drugs prescribed included, at various times between 1984 and 1995, Xanax, Tranxene, Buřalbital, Norpramin, Buspar, Desyrel, Prozac, Nortriptyline, Paxil, and Effexor. Respondent's prescribing for patient #1 was inappropriate as evidenced by the following:

1) During one period, Respondent prescribed Norpramin for 12 months, Tranxene for 13 months, and Butalbital for 16 months without seeing patient #1 to monitor her response to and use of these medications. Respondent acknowledged he failed to follow standards of prevailing medical practice by not seeing patient #1 more frequently.

2) At one time while the patient was taking drugs prescribed by Respondent, patient #1 took the drug Vistaril, which had been prescribed by another physician. Vistaril may increase the risk of dependence on Butalbital by reason of its potentiation action. Respondent did not have any communication with the other physician. Respondent knew that this drug could interact with the patient's other medication to increase sedation, but it did not increase sedation in this case.

3) Respondent prescribed Butalbital for the patient's headache without insisting that she make a bona-fide attempt to achieve relief through non-medication treatments, which might have been both more effective and more appropriate for this type of headache. Although Respondent recommended biofeedback for patient #1, she did not follow through.

4) Respondent failed to act upon numerous patient behaviors that suggested a possible substance abuse problem for patient #1. The patient asked for medication refills early, canceled or failed to keep her scheduled appointments with Respondent, failed to follow through with recommended alternatives to medication, medicated herself, and failed to use the medication as prescribed. Respondent did not restrict patient #1's access to medications or confront the patient about her drug use.

b. Patient #2, a 55-year-old woman, saw Respondent for treatment of anxiety and depression. In addition, patient #2 had

multiple somatic symptoms. Respondent prescribed medications for patient #2 on 165 occasions between December 17, 1987 and November 20, 1990. Between December 21, 1990 and January 12, 1995, Respondent charted 73 additional prescriptions. The drugs Respondent prescribed included, at various times between 1987 and 1995, Norpramin, Asendin, Halcion, Librium, Darvocet N-100, Prozac, Amitriptyline, Ponstel, Tylenol #3, Klonopin, Imipramine, and Buspar. Respondent's prescribing for patient #2 was inappropriate in that Respondent:

- 1) Prescribed pain medication for multiple sites of pain without documenting evaluation of the pain's cause.

- 2) Simultaneously prescribed a short-acting benzodiazepine, Librium, and a long-acting benzodiazepine, Klonopin.

- 3) Could have tried treating this patient with antidepressants alone but added tranquilizers and pain medication.

- 4) Between July 1991 and May 1992, did not see patient #2 but continued to prescribe medication for her. Between December 1992 and November 1994, he did not see patient #2 at all, but continued to prescribe medication for the patient.

- 5) Did not chart a sound medical reason for patient #2 to be simultaneously on Librium, Tylenol #3, Klonopin, Prozac and Amitriptyline. Prozac may increase the level of Amitriptyline. Amitriptyline may increase the sedative effect of Librium, Darvocet N-100, Tylenol #3, and Klonopin. Patient #2 was receiving Prozac in combination with Amitriptyline and Amitriptyline in combination with Librium, Darvocet N-100, Tylenol #3, and Klonopin at various times.

- 6) Failed to act upon numerous patient behaviors



that suggested a possible substance abuse problem for patient #2. The patient failed to follow the doctor's direction to decrease the Librium; developed slurred speech; refused to follow through on her biofeedback; canceled appointments; took her medication irregularly; became oversedated on Librium; and asked for codeine and valium. Respondent did not timely restrict access to medications, except Valium, or confront the patient with her drug use in a timely manner.

7) Respondent has stated that Librium is a Schedule II drug; that sedation is the only potential side effect from taking Librium and Darvocet N-100 on the same day and that Codeine in Tylenol #3 does not produce dependence similar to morphine. Respondent has also stated that he evaluated patient #2's headache over the telephone, and then prescribed Darvocet N-100, a narcotic; his prescription for patient #2 of 450 Librium capsules between October 26, 1990 and November 20, 1990 was an oversight; his failure to see patient #2 for a two-month period after January 1991, knowing she was dependent on Librium, was an oversight; and his failure to see patient #2 for four months after her April 1991 overdose was an oversight.

c. Patient #3, a 34-year-old woman, saw Respondent for treatment of borderline personality disorder and symptoms of anxiety and depression, including panicky feelings. Respondent prescribed medications for patient #3 on 253 occasions between February 15, 1988 and January 2, 1991. Between January 7, 1991 and January 16, 1995, Respondent charted 272 additional prescriptions. The drugs prescribed included, at various times between 1988 and 1995, Tofranil, Xanax, Darvocet N-100, Buspar, Prozac, Anafranil, and Amitriptyline. Respondent's prescribing for patient #3 was inappropriate in that Respondent:

1) Prescribed Darvocet N-100 without a documented

rationale in September 1987. Patient #3 took Darvocet N-100 from September 1987 until March 1992.

2) Did not address the need to reduce patient #3's dose of Xanax in a timely manner.

3) Failed to chart a sound medical reason for patient #3 to be simultaneously on Xanax, Darvocet N-100, Tofranil, and Prozac. Prozac may increase the level of Tofranil and may increase the sedative effects of Xanax and Darvocet N-100, all of which medication patient #3 was taking on the same day at times.

4) Advised patient #3 that it was safe for patient #3 to take Xanax while she was pregnant based upon his reading of the 1986 PDR.

5) Prescribed drugs with dependence potential knowing that an individual like patient #3 with borderline personality disorder was more likely to engage in drug dependent behavior.

6) Prescribed Xanax for patient #3 continuously over a ten-year period.

7) Did not restrict patient #3's access to Xanax or confront the patient with her drug use, despite numerous patient behaviors suggesting a substance abuse problem for patient #3. Respondent admitted that the patient asked for medication refills early; canceled or failed appointments; reported not feeling well without her Xanax; increased the dose of drug on her own; failed to cooperate with Xanax reduction; stopped Tofranil on her own; allowed her boyfriend to take her medication; and displayed physical symptoms such as shaking when she tried to wean off Xanax.

d. From July 29 to September 15, 1988, Respondent treated patient #5, a 23-year-old female who was on Methadone

35 mg. and wanted to be completely detoxified from the medication.

1) Although he lacked the requisite special registration to provide Methadone for detoxification, Respondent prescribed Methadone to patient #5 for detoxification, in violation of the Narcotic Addict Treatment Act, which requires such registration.

2) Although federal law requires that Methadone be administered directly to the patient and not be given by prescription, Respondent gave patient #5 a series of seven-day prescriptions for Methadone.

e. Respondent treated patient #7 from 1982 until 1993. Respondent diagnosed patient #7 as having paranoia, mood swings, and chronic pain syndrome.

1) Respondent prescribed Ativan for patient #7 from February 22, 1983 through August 24, 1984. Respondent's prescribing of Ativan was inappropriate in that:

a) Respondent prescribed the Ativan to be taken as 1-2 per day, but refilled frequently enough for patient #7 to ingest 6-7 per day, which the patient often did.

b) Respondent's frequent prescriptions allowed patient #7 to manage his own medications by increasing the dose, decreasing the dose, and at times not taking the drug at all. The patient was at times taking up to 12 Ativan a day, thereby exposing patient #7 to unnecessary dangers of drug dependency.

2) Respondent prescribed Xanax for patient #7 from September 11, 1984 through October 25, 1993, at which time the patient was weaned from Xanax by a different physician. Respondent's prescribing of Xanax was inappropriate in that:

a) Respondent knew patient #7 was consuming

alcohol, as evidenced by his frequent charting on the subject in patient #7's medical record. Use of alcohol with the prescribed medications patient #7 was taking increased the risk of harm to patient #7 both by potentiating the side effects of the drugs and increasing the risk for drug dependency.

b) On September 14, 1993, Respondent prescribed Xanax 1 mg x 50. Respondent then renewed the prescription for Xanax on September 20, 1993, giving the patient another quantity of 50. Within a six-day period, the patient received 100 Xanax 1 mg. On October 18, 1993, patient #7 received another prescription from Respondent for Xanax 1 mg x 50. Respondent renewed this prescription on October 23, 1993, thereby giving the patient a quantity of 100 tablets within seven days. This put the patient at risk for drug dependency or drug overdose.

3) At least five other health care providers, who had evaluated patient #7 on referral during the time Respondent prescribed for him, indicated that patient #7 was receiving excessive amounts of medication, as evidenced by the patient's having medication side effects.

f. Respondent has engaged in practices that indicate he could benefit from further boundaries training.

#### STATUTES

3. The Board views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. ( 147.091, subd. 1(f), (k), and (s) (1994), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action. -

#### REMEDY

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing

herein. Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order conditioning and restricting Respondent's license to practice medicine and surgery in the State of Minnesota as follows:

a. Respondent shall successfully complete the following courses:

1) The first and third units of the pharmacology course taught at the University of Minnesota by Leonard Lichtblau, Ph.D., based upon an examination to be administered to Respondent.

2) A chemical dependency awareness course approved by the Board.

3) A pain management course approved by the Board.

4) A boundaries course conducted by Dr. John Hung.

Successful completion shall be determined by the Board and must be accomplished within nine months from the date of the order.

b. Respondent shall maintain a daily record of his controlled substance prescriptions. This record shall list the patient, reason for the prescription, the drug, quantity, dose and whether refills are authorized. This record shall be made available for review on a monthly basis by a clinical supervisor approved by the Board. The clinical supervisor shall also review monthly at least 12 of Respondent's patient records, selected randomly, to evaluate Respondent's prescriptions, diagnosis, and treatment of these patients. A designated Board member shall also review Respondent's daily record of controlled substance prescriptions on a quarterly basis.

c. Respondent shall schedule appointments with all patients who are receiving psychotropic medication, at a minimum of every six months. If the patient cancels the appointment, Respondent shall notify the patient that he or she will not have the prescription renewed until the patient is seen by the Respondent.

d. The clinical supervisor shall provide quarterly reports to the Board indicating that the supervisor has reviewed all of Respondent's controlled substances prescriptions and shall indicate whether the clinical supervisor approves of the prescriptions which were written. The clinical supervisor shall specifically note any prescription about which there are questions or concerns and shall specifically indicate the nature of the concern. The clinical supervisor shall include in the quarterly report a summary of the random review of Respondent's patient records and shall indicate any concerns regarding Respondent's prescribing, diagnosis, or treatment plans for any of the patients reviewed.

e. Respondent shall meet on a quarterly basis with a designated Board member. Such meetings shall take place at a time mutually convenient to Respondent and the designated Board member. It shall be Respondent's obligation to contact the designated Board member to arrange each of the quarterly meetings. The purpose of such meetings shall be to review Respondent's progress under the terms of this Stipulation and Order. One year after Respondent has completed the pharmacology course referred to in paragraph 4a.1) above, Respondent may petition to reduce the number of or eliminate these meetings.

f. Respondent shall pay to the Board a civil penalty of \$10,000.00, reduced by the cost of the courses referred to in paragraph 4a above.

5. Within ten days of the date of this order, Respondent shall provide the Board with a list of all hospitals at which Respondent currently has medical privileges. The information shall be sent to the Board of Medical Practice, Suite 106, 2700 University Avenue West, St. Paul, Minnesota 55114.

6. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the license of Respondent to practice medicine and surgery in the State of Minnesota shall be suspended immediately upon written notice by the Board to Respondent, such a suspension to remain in full force and effect until Respondent petitions the Board to terminate the suspension after a hearing. Nothing contained herein shall prevent the Board from revoking or suspending Respondent's license to practice medicine and surgery in the State of Minnesota after any such hearing.

7. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto.

8. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent's suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent's Minnesota license to


practice medicine.

9. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

10. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its



members, employees, or agents. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

  
GARY A. COWAN, M.D.

Respondent

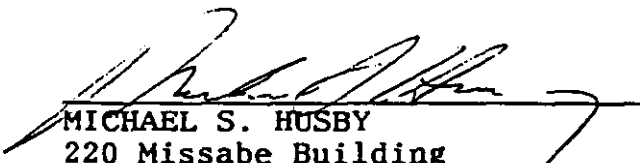
500 ~~500~~ Medical Arts Building  
Duluth, Minnesota 55802

Dated: 2-8, 1995

  
\_\_\_\_\_

For the Committee

Dated: 11 March, 1995

  
MICHAEL S. HUSBY

220 Missabe Building  
Duluth, Minnesota 55802  
(218) 722-5807

Attorney for Respondent

Dated: 2-8, 1995

  
\_\_\_\_\_

LINDA F. CLOSE  
525 Park St., Suite 500  
St. Paul, Minnesota 55103  
(612) 297-2040

Attorney for the Board

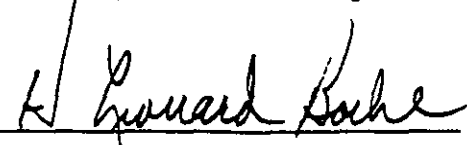
Dated: 2 February, 1995

#### ORDER

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this stipulation are adopted and implemented by the Board this 11<sup>th</sup> day of March, 1995.

MINNESOTA BOARD OF  
MEDICAL PRACTICE

By:   
\_\_\_\_\_

AFFIDAVIT OF SERVICE BY MAIL

Re: In the Matter of the Medical License of Gary A. Cowan, M.D.  
License Number: 16,236

STATE OF MINNESOTA    )  
                                  ) ss.  
COUNTY OF RAMSEY    )


Cynthia Ransom, being first duly sworn, deposes and says:

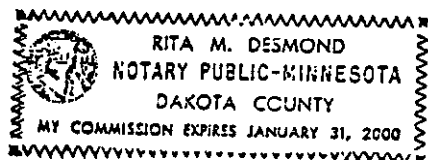
That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 16, 1995, she served the attached STIPULATION AND ORDER by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

Michael Husby, Esq.  
Attorney at Law  
220 Missabe Building  
Duluth MN 55802

  
\_\_\_\_\_  
CYNTHIA RANSOM

Subscribed and sworn to before me  
this 16th day of March, 1995.

  
\_\_\_\_\_  
Notary Public



STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	STIPULATION
GARY A. COWAN, M.D.,	:	95 MED 213
RESPONDENT	:	

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It is hereby stipulated between Gary A. Cowan, personally on his own behalf and Steven M. Gloe, Attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows that:

1. This Stipulation is entered into as a result of a pending investigation of Dr. Cowan's licensure by the Division of Enforcement (95 MED 213). Dr. Cowan consents to the resolution of this investigation by stipulation and without the issuance of a formal complaint.

2. Dr. Cowan understands that by the signing of this Stipulation he voluntarily and knowingly waives his rights, including: the right to a hearing on the allegations against him, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine the witnesses against him; the right to call witnesses on his behalf and to compel their attendance by subpoena; the right to testify himself; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to him under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, and the Wisconsin Administrative Code.

3. Dr. Cowan is aware of his right to seek legal representation and has been provided an opportunity to obtain legal advice prior to signing this stipulation.

4. Dr. Cowan agrees to the adoption of the attached Final Decision and Order by the Medical Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

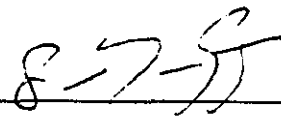
6. Attached to this Stipulation is the current licensure card of Gary A. Cowan. If the Board accepts the Stipulation, Dr. Cowan's license shall be reissued in accordance with the terms of the attached Final Decision and Order. If the Board does not accept this Stipulation, the license of

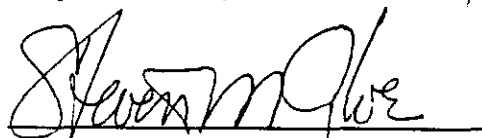
Dr. Cowan shall be returned to his with a notice of the Board's decision not to accept the Stipulation.

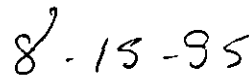
7. The parties to this stipulation agree that the attorney for the Division of Enforcement and the member of the Medical Examining Board assigned as an advisor in this investigation may appear before the Medical Examining Board for the purposes of speaking in support of this agreement and answering questions that the members of the Board may have in connection with their deliberations on the stipulation.

8. The Division of Enforcement joins Dr. Cowan in recommending the Medical Examining Board adopt this Stipulation and issue the attached Final Decision and Order.

  
Gary A. Cowan, M.D.

  
Date

  
Steven M. Gloe, Attorney  
Division of Enforcement

  
Date

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## NOTICE OF APPEAL INFORMATION

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**Notice Of Rights For Rehearing Or Judicial Review, The Times Allowed For Each. And The Identification Of The Party To Be Named As Respondent.**

**Serve Petition for Rehearing or Judicial Review on:**

THE STATE OF WISCONSIN MEDICAL EXAMINING BOARD.

1400 East Washington Avenue

P.O. Box 8935

Madison, WI 53708.

**The Date of Mailing this Decision is:**

AUGUST 24, 1995.

### 1. REHEARING

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in sec. 227.49 of the *Wisconsin Statutes*, a copy of which is reprinted on side two of this sheet. The 20 day period commences the day of personal service or mailing of this decision. (The date of mailing this decision is shown above.)

A petition for rehearing should name as respondent and be filed with the party identified in the box above.

A petition for rehearing is not a prerequisite for appeal or review.

### 2. JUDICIAL REVIEW.

Any person aggrieved by this decision may petition for judicial review as specified in sec. 227.53, *Wisconsin Statutes* a copy of which is reprinted on side two of this sheet. By law, a petition for review must be filed in circuit court and should name as the respondent the party listed in the box above. A copy of the petition for judicial review should be served upon the party listed in the box above.

A petition must be filed within 30 days after service of this decision if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.

The 30-day period for serving and filing a petition commences on the day after personal service or mailing of the decision by the agency, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing this decision is shown above.)